

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1500000802

Entity Name: SWAMP HAVEN RESCUE, INC.

Current Principal Place of Business:

41 SOUTH TWIN MAPLE RD
ST. AUGUSTINE, FL 32084

Current Mailing Address:

99 KING STREET #4098
ST. AUGUSTINE, FL 32085

FEI Number: 47-2921848

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FISHER, CHELSEA
41 SOUTH TWIN MAPLE RD
ST. AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CHRISTENSEN, TORI
Address 450 CASUARINA CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

Title S
Name FISHER, CHELSEA
Address 41 SOUTH TWIN MAPLE RD
City-State-Zip: ST. AUGUSTINE FL 32084

Title T
Name WELCH, MAX
Address 450 CASUARINA CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TORI CHRISTENSEN

PRESIDENT

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date